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FORM D

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Mashington, DC								
	SEC USE ONLY							
	Prefix		Serial					
	DATE RECEIVED							

Alix Resources Corp.								
Name of Offering ([] check if this is an amendment and	nam	e has	cha	nge	d, a	nd in	dicate change.)	
Alix Resources Corp. Private Placement of 250,000 Un	its'	at a	pric	e of	f \$ 0.	202²	per Unit.	
Filing Under (Check box(es) that apply): [] Rule 504 [] R	ule 5	05	[X]	Ru	le 50	6 [] Section 4(6) []ULOE
Type of Filing: [X] New Filing [] Amendment								
A. BASIC IDEN	TIF	ICA	TIO	ΝI)AT	Ά		
Enter the information requested about the issuer								
Alix Resources Corp. (the "Issuer")								
Suite 1220 - 789 West Pender Street						Telep	hone Number	
Vancouver, British Columbia						(604)	683-3995	-
V6C 1H2]
•								L NAOWN BESTAL THIM BEÄN HYÐIZ ÍÐÐIN HYÐIÐ Í ÐÍÐÍÐ BÍSÐ Í BÁÐI
Address of Principal Business Operations (Number and Street, C	ity,	State,	Zip			Telep	hone Number (08047786
Code) (if different from Executive Offices)								
(same)						(sam	e)	
Brief Description of Business								
Mineral Exploration and Development								
Type of Business Organization								
[X] corporation [] limited partnership, a		•				[] a	ther (please specify	y):
[] business trust [] limited partnership, to			d	•				
	M.	onth	١.	Y	ear			
Actual or Estimated Date of Incorporation or Organization:	0	4	2	0	0	4	[x] Actual	[] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation CN								
for State: CN for Canada; FN for other foreign jurisdiction							Ç. Y	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

¹ Each Unit consists of one common share and one half of one common share purchase warrant.

² Units were sold at \$0.20 CDN per Unit, converted on May 22, 2008 to equal \$1.01 USD based on the Bank of Canada's noon rate.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

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- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual) England, Michael
Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1220 - 789 West Pender Street Vancouver, British Columbia V6C 1H2
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [] Director [] General/Managing Partner
Full Name (Last name first, if individual) Nikitovic, Olga
Business or Residence Address (Number and Street, City, State, Zip Code) 5213 Durie Road Mississauga, Ontario L5M 2C6
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual) Lajack, David
Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1220 - 789 West Pender Street Vancouver, British Columbia V6C 1H2
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual) Hedderly - Smith, David
Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1220 - 789 West Pender Street Vancouver, British Columbia V6C 1H2
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual) Vella-Zarb, Pierre
Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1220 - 789 West Pender Street Vancouver, British Columbia V6C 1H2
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual) Oness, Jay
Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1220 - 789 West Pender Street Vancouver, British Columbia V6C 1H2

				B. INF	ORMATI	ON ABC	UT OFF	ERING				
			the issuer	intend to s	ell, to non-	accredited	investors i	n this			Yes	No
offering?	•••••				Δne	wer also ir	Annendiy	Column 3	iffiling	under III O	E. []	[X]
	Answer also in Appendix, Column 2, if filing under ULOE. [] [X] 2. What is the minimum investment that will be accepted from any individual?											
***********	Yes No											
	_		nt ownersh	_	gle unit?	••••					[X]	[]
4. Enter	the inform	ation requ	ested for e	ach person								
			itation of p a broker o									
			ersons to be									
	er or deale											
None	ie (Last nai	me first, if	individual									
	or Resider	ice Addres	s (Number	and Street	, City, Stat	e, Zip Cod	e)				 	
Name of	Associated	Broker or	Dealer									
States in	Which Per	son Listed	Has Solici	ted or Inte	nds to Soli	cit Purchas	ers (Checl	"All State	s" or checl	k individua	l States) ~ .	All
States												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[Wl]	[WY]	[PR]
Full Nam	e (Last na	me first, if	individual)								
Business	or Resider	nce Addres	s (Number	and Street	, City, Stat	e, Zip Cod	e)					
Name of	Associated	l Broker or	Dealer									
States in	Which Per	son Listed	Has Solici	ted or Inte	nds to Soli	cit Purchas	ers (Check	"All State	s" or checl	k individua	l States) ~ .	All
States												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ie (Last na	me first, if	individual)								
Business	or Resider	nce Addres	s (Number	and Street	, City, Stat	e, Zip Cod	le)					
Name of	Associated	l Broker or	Dealer					<u> </u>				
	Which Per	son Listed	Has Solici	ted or Inte	nds to Soli	cit Purchas	ers (Check	"All State	s" or checl	c individua	States) ~	All
States [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[DO]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			individual		[01]	L**}	LTOJ	[1117]	[** *]	[** 4]	r ** * 1	[1 17]
Business	or Resider	nce Addres	s (Number	and Street	, City, Stat	e, Zip Cod	le)					
Name of	Associated	l Broker or	Dealer					 				
States in	Which Per	son Listed	Has Solici	ted or Inte	nds to Soli	cit Purchas	ers (Check	"All State	s" or checl	k individua	l States) ~ .	All

States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet as necessary)

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	S AND USE OF P	ROC	EEDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already			
	exchanged. Type of Security: Units ³	Aggregate Offering Price		Amount Already Sold
	Debt	\$0		\$0
	Equity	\$50,500.00		\$50,500.00
	[X] Common [] Preferred	eno.		⊕ O
	Convertible Securities (including warrants)	\$0		\$0
	Partnership Interests	\$0		\$0
	Other (Specify)	\$		\$
	Answer also in Appendix, Column 3, if filing under ULOE.	\$50,500.00		\$50,500.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors	Number Investors 1 NIL		Aggregate Dollar Amount of Purchases \$50,500.00 \$ NIL
	Total (for filings under Rule 504 only)	N/A		\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Rule 505 Regulation A Rule 504 Total	Type of Security N/A N/A N/A N/A N/A		Dollar Amount Sold \$ N/A \$ N/A \$ N/A \$ N/A
4. 4	distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees	***************************************	[] [] [X]	\$0 \$0 \$1000.00
	Accounting Fees	***************************************	[]	_\$0
	Engineering Fees		ſl	\$0

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Total[X]

\$0

\$ 600.00

\$1,600.00

 $^{^{3}}$ One Unit consists of one common share and one half of one common share purchase warrant.

	Total Payments Listed (column totals added)		IXI	\$4	8.900.00
	Column Totals	[]	\$0	[X]	\$48,900.00
	Other (specify):	[]	\$0	[]	\$0
	Working capital	[]	\$0	[X]	\$48,900.00
	Repayment of indebtedness	[]	\$0	_ []	\$0
		[]	\$0	[]	\$0
	in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)				
	Acquisition of other businesses (including the value of securities involved	r 1		_ ' '	<u> </u>
	Construction or leasing of plant buildings and facilities	ſ 1	\$0	- []	\$0
	Purchase, rental or leasing and installation of machinery and equipment	r 1	\$0	[]	\$0
	Purchase of real estate	[]	_\$0	_ []	\$0
	Salaries and fees	[]	\$0	_ []	\$0
	proceeds to the issuer set forth in response to Part C - Question 4.b above.		Affiliates		Others
	estimate. The total of the payments listed must equal the adjusted gross		Directors, &		Payments to
	purpose is not known, furnish an estimate and check the box to the left of the		Officers,		
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any		Payments to		
	This difference is the "adjusted gross proceeds to the issuer."				\$48,900.00
	response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a.				
4.	b. Enter the difference between the aggregate offering price given in				

.......

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Alix Resources Corp.	Mingland.	May 27, 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type	e)
Michael England	President and CEO	

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations.
(See 18 U.S.C. 1001.)

•	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions	Yes	No
	of such rule?	[]	[X]
	See Appendix, Column 5, for state response		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly signed person.

Signature	Date
	May , 2008
Title of Signer (Print or	Туре)

Instruction:

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Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

DD	. 1	N	v

1	2		3	4					5	
1								Disqualification		
			Type of security					under State ULOE		
]	Intend t	o sell to	and aggregate						attach	
	Intend to sell to non-accredited		offering price	Type of investor and						
		in State	offered in state	Amount purchases in State				explanation of waiver granted)		
				(Part C-Item 2)					(Part E-Item 1)	
	(Part B	Item 1)	(Part C-Item 1)					(rante	nem i)	
.						Number of				
[:				Number of		Non-				
				Accredited		Accredited			_	
State	Yes	No	Units ¹	Investors	Amount	Investors	Amount	Yes	No	
AL										
AK		X	250,000	1	50,500	0			0	
AZ										
AR							"-			
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									<u>-</u>	
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VT	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	i	L	1	

¹ Units consist of one common share and one half of one common share purchase warrant.

			IX	

1	2		3	4				5 Disqualification		
			Type of security					under State ULOE		
	Intend t	to sell to	and aggregate					(if yes, attach		
	non-accredited		offering price	Type of investor and					explanation of	
	investors in State		offered in state	Amount purchases in State				waiver granted)		
	(Part B-Item 1)		(Part C-Item 1)	(Part C-Item 2)					(Part E-Item_1)	
				Number of Accredited		Number of Non- Accredited		 		
State	Yes	No	Units	Investors	Amount	Investors	Amount	Yes	No	
VA										
WA						<u> </u>			ļ	
WW										
WI										
WY										
PR			T							